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Chapter XIII

HEALTH AND PERSONALITY

BEFORE judging a person's behavior and trying to trace its sources to certain conditions of his life or events of his past, it is necessary to find out first whether he is in good bodily health, as his attitudes may be determined or greatly influenced by physiological disturbances. Irritability resulting from acute or chronic diseases has a significance quite different from psychogenic irritability—for the individual who shows the reaction as well as for the people around him.

For a psychological analysis of a group of people the same holds true. It is conceivable, for instance, that a well-fed group may react to certain stimuli differently from an undernourished group. Therefore, medical examinations were considered a part of this personality study of Indian children.

Limited time and means precluded examinations more thorough than the routine health surveys of school children, hence biochemical methods, X-ray, basal metabolism tests, and the like could not be used. Obviously such a superficial exploration of health conditions also certainly missed many existing psychosomatic relations.

The physical examinations given the Papago children determined their weight and height, state of nutrition, vision, blood pressure, and pulse rate. Skin, eyes, nose, mouth, and throat were inspected, and heart, lungs, and abdomen examined. Deformities were noted. Special attention was given to symptoms of vitamin deficiencies, such as bleeding and ulcerated gums, fissures at the corners of the mouth, and obvious malformations of the bone structure typical of rickets. The neurological examination was limited to exploration of muscular tone and strength, of reflexes and of co-ordination. Because Papago children dislike to undress completely in front of other people, examination of the genitals was omitted. All medical examinations were given at the schools. Incidentally among the Papago, regular school attendance is not an indication of good health. A child's whim, the visit of a distant relative, a trip to the trader's, or the temporary need of help in the fields or at home is reason enough

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for most parents to keep their offspring out of school. Thus, it is probable that the picture of average health obtained from the limited number of children available for examination would not have been essentially modified by including the children absent from school.

Had the great number of children who were away in the cotton fields been included in the results, the figures for common cold, bronchitis, and skin infections like impetigo would probably have risen, for it is known that such disorders are favored by the living conditions in these places. But, as with school attendance, absence for work in the fields has little connection with general health.

No epidemics of childhood diseases were reported during the period of the health survey, but, without question, single cases of acute illness in absentees escaped attention.

One hundred and thirteen children (58 boys and 55 girls) were thus examined. Of these, 73 lived in the eastern area, and 40 in the western. Table 2 illustrates the principal results obtained from the whole Papago group.

One impressive finding of the health examinations was the exceedingly small number of children in perfect health. Further, almost half the children (43.4 per cent) appeared underfed—were thin or emaciated. About the same percentage showed signs of malnutrition (i.e., vitamin deficiencies, etc). This figure is lower than it might have been if, with the aid of X-ray examinations, less manifest bone malformations caused by rickets had become evident. The great number of children with marked irregularity of the teeth leads to the suspicion that vitamin D deficiency may affect a greater number of children than those who displayed obvious signs of rickets in ribs and long bones (the only indications of vitamin D deficiency used in this study).

The next most common abnormality found was enlargement of tonsils. If to this figure are added those cases in which tonsils had been removed, the percentage of children who were suffering or once had suffered from chronically diseased tonsils rises from 41.6 to 59.3 per cent.

Over a third of the children showed symptoms of an acute cold, such as coryza, sore throat, and signs of bronchitis. This is rather a high figure but not surprising if it is remembered that the examinations took place from December to February, when nights are cold even in southern Arizona. In the mornings the children often climbed stiff and shivering from the school bus and rushed into the school to crowd around the stoves. Only rarely did they wear sweaters or coats; most of the boys wore the same denim overalls and thin cotton shirts as in the hottest summer months, and the girls had on light cotton prints over rayon panties and (occasionally) a slip.